

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>BA</i>	<i>14</i>	<i>6/25</i>
FORMALITY REVIEW	<i>Im</i>	<i>7-8-84</i>	<i>8/14/01</i>
RESPONSE FORMALITY REVIEW			

*09/879165*

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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*901*  
*09/10/01*